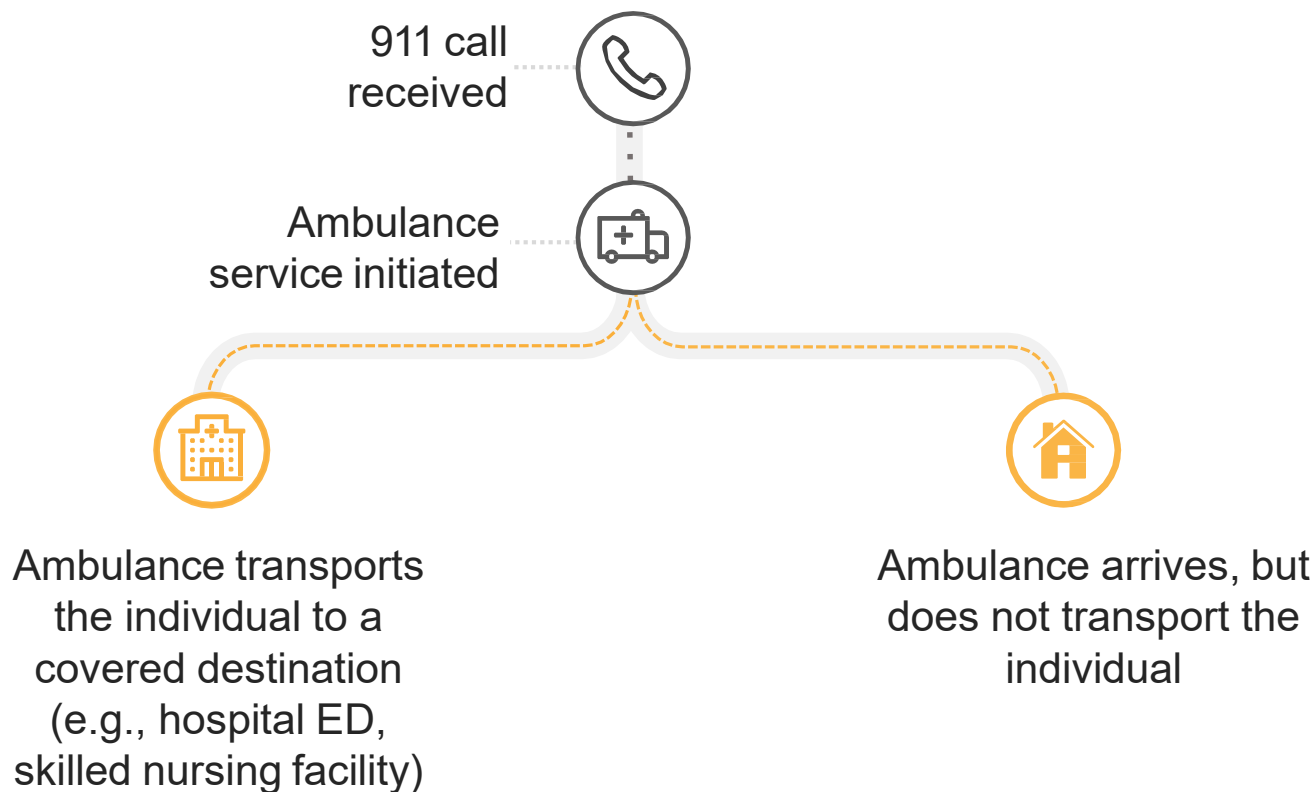


Emergency Triage, Treat, and Transport (ET3) Model Overview

Brenda Staffan – ET3 Model Senior Advisor
Center for Medicare and Medicaid Innovation (CMMI)
Centers for Medicare & Medicaid Services (CMS)

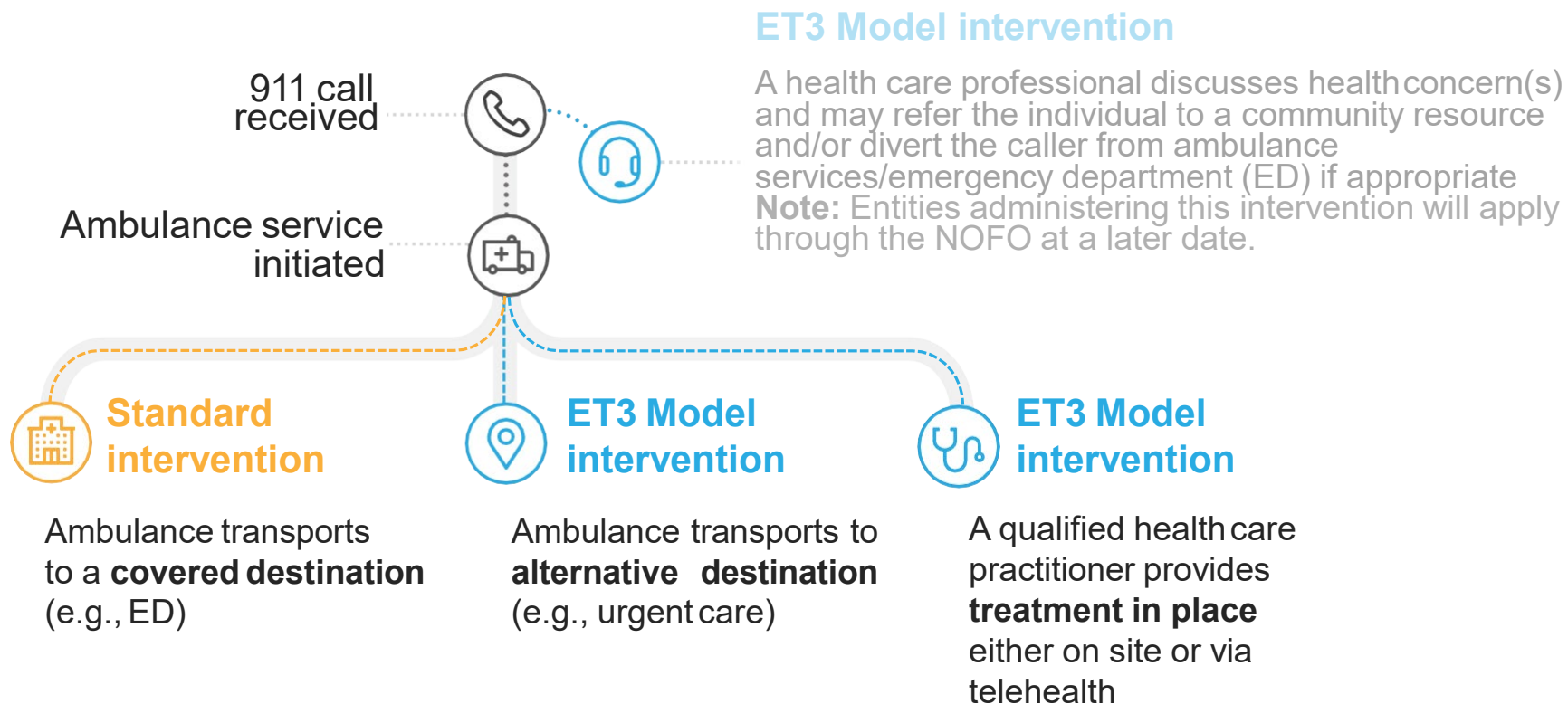
Current State

Medicare currently pays for emergency ground ambulance services only when beneficiaries are transported to a limited number of covered destinations even when a lower-acuity, lower-cost setting may more appropriately meet an individual's needs.



Re-aligning Incentives for Future State

ET3 Model interventions allow beneficiaries to get the care they need and enable ambulances to work more efficiently.



ET3 Model Participants and Awardees

Together, ambulance suppliers and providers will focus on direct services, while local governments, its designees, or other entities that operate or have authority over one or more 911 dispatches that receive cooperative agreements will create a supportive structure to ensure successful and sustainable delivery of those services.



Medicare-Enrolled Ambulance Suppliers & Providers

will support EMS innovation by transporting Medicare FFS beneficiaries to covered destinations (e.g., ED) or alternative destinations, and by providing treatment in place with a qualified health care practitioner (on site or via telehealth). Participation via the *Request for Applications (RFA)*.



Local Governments,

its designees, or other entities that operate or have authority over one or more 911 dispatches will promote successful model implementation by establishing a medical triage line for low-acuity calls received via their 911 dispatch system. Participation via a *Notice of Funding Opportunity (NOFO)*.

ET3 Model Participants and Partners



Medicare-Enrolled Ambulance Suppliers & Providers

applied through the Request for Applications (RFA) to become participants in the ET3 Model. As part of the application, they described their chosen interventions and their partners.

Required Partners



Alternative
Destinations

Optional Partners



Treatment In Place
Providers (In-person
or via Telehealth)

Recommended Relationships



Non-Medicare
Payers



911 Dispatches*

*911 Dispatches will apply through a separate process

ET3 Model Payment Approach

New payments available under the model will build on Medicare's existing fee-for-service structure to offer greater flexibility.

Payment for Model Interventions



Payment Adjustment



Transport to Alternative Destination



Ambulance suppliers and providers paid based on level of service provided (BLS-E or ALS1-E rate)



Mileage and applicable adjustments



Treatment in Place (In-person or via Telehealth)



Ambulance suppliers and providers paid based on level of service provided (BLS-E or ALS1-E rate)



Qualified health care practitioners paid current Medicare Fee-for-Service rate.

15% increase in rate for care provided by qualified health care practitioner between 8:00pm-8:00am

Performance-based payment adjustment for achievement on key quality measures (up to 5% upward adjustment – no sooner than year 3 of the model)

Note: The medical triage line will be funded through a Cooperative Agreement with CMS. Claims will not be submitted.

Transport to Alternative Destinations

- Alternative destination sites (ADS) under this model may include physician offices, behavioral health centers, or urgent care centers.
- ADS are considered “Non-Participant Partners” and must be approved by CMS before Participants can transport to them.
- Participants may update their alternative destination sites throughout the model.
- Services rendered at ADS are billed as usual to Medicare

Treatment in Place

- Can occur either on scene or through telehealth by qualified health care practitioners (QHCP)
- QHCPs are Medicare-enrolled health care practitioners, or a group practice, that meets state, local, and professional requirements to render to render particular health care services to beneficiaries
- These QHCPs are considered “Non-Participant Partners” and must be approved by CMS before treating beneficiaries under the model. Updates may be made throughout the model.
- QHCPs will submit claims to CMS for services rendered as usual, but will include model modifiers

Model Timeline*

May 2019 | Request for Applications (RFA) PDF Released

Early August 2019 | RFA Application Portal Open

Early October 2019 | RFA Application Portal Closes

Early 2020 | ET3 Model Participants are announced

Spring 2020 | ET3 Model Go Live; NOFO Published

*Dates are subject to change

Emergency Triage, Treat, and Transport (ET3) Model

Appropriate care, at the right time, in the right place

The **ET3 Model** provides greater flexibility to ambulance care teams responding to 911 calls, aimed at **reducing expenditures** while **preserving or enhancing quality of care** for beneficiaries

Goals:

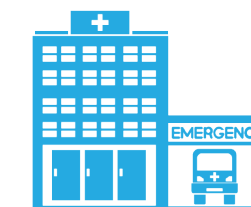
- 1** Provide person-centered care and give beneficiaries greater control of their care
- 2** Encourage appropriate utilization of services to meet health care needs effectively
- 3** Increase efficiency in the EMS system to more readily respond to high-acuity cases



Alternative Location



Treatment On Scene



Hospital

Request for Applications closed on October 5, 2019
Anticipated Model Go Live Spring 2020
Notice of Funding Opportunity anticipated Spring 2020

